

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10/690642	FILING DATE								
							APPLICANT(S)									
							CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT												
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1		1					51								
2		1		1				52								
3		1		1				53								
4		1		1				54								
5		1		1				55								
6		5		1				56								
7		1		1				57								
8		①		1				58								
9				1				59								
10				1				60								
11				1				61								
12				1				62								
13				1				63								
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41								91								
42								92								
43								93								
44								94								
45								95								
46								96								
47								97								
48								98								
49								99								
50								100								
TOTAL IND.	7		12					TOTAL IND.								
TOTAL DEP.		1		1				TOTAL DEP.								
TOTAL CLAIMS	84		13					TOTAL CLAIMS								